

11-2-11

PAID

CJA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT APPOINTED COUNSEL

PTS/KG

11-2-11

1. CIR/DIST/DIV. CODE NCM	2. PERSON REPRESENTED MURPHY, MICHAEL	VOUCHER NUMBER 1110 1000083
3. MAG. DKT./DEF. NUMBER 1:11-000200-001	4. DIST. DKT./DEF. NUMBER	5. APPEALS DKT./DEF. NUMBER
7. IN CASE/MATTER OF (Case Name) US v. MURPHY	8. PAYMENT CATEGORY Other	9. TYPE PERSON REPRESENTED Adult Defendant
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section)		10. REPRESENTATION TYPE (See Instructions) Supervised Release
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix) SHELLA, CHRISTOPHER B. 2305 Vintage Hill Dr. Durham NC 27712		
13. COURT ORDER IN THIS OFFICE Clerk U.S. District Court Greensboro, N.C. By: [Signature] Appointed Date: 10/18/2011		
14. NAME AND MAILING ADDRESS OF LAW FIRM (only provide per instructions)		
Telephone Number: (919) 806-4271		
Signature of Presiding Judicial Officer or By Order of the Court 10/18/2011		
Date of Order		
Nunc Pro Tunc Date		
Repayment or partial repayment ordered from the person represented for this service at time of appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO		

CATEGORIES (Attach itemization of services with dates)		HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH ADJUSTED HOURS	MATH/TECH ADJUSTED AMOUNT	ADDITIONAL REVIEW
15. In Court	a. Arraignment and/or Plea					
	b. Bail and Detention Hearings	.2				
	c. Motion Hearings					
	d. Trial					
	e. Sentencing Hearings					
	f. Revocation Hearings					
	g. Appeals Court					
	h. Other (Specify on additional sheets)					
(Rate per hour = \$) TOTALS:		.2	31.25	25.00		
16. Out of Court	a. Interviews and Conferences	.2				
	b. Obtaining and reviewing records					
	c. Legal research and brief writing					
	d. Travel time	2				
	e. Investigative and Other work (Specify on additional sheets)					
(Rate per hour = \$) TOTALS:		2.2	275	275.00		
17.	Travel Expenses (lodging, parking, meals, mileage, etc.)		60			
18.	Other Expenses (other than expert, transcripts, etc.)					
			366.25		360.00	

19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM 10-18-11 TO 10-18-11	20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION	21. CASE DISPOSITION 21 XX
22. CLAIM STATUS Have you previously applied to the court for compensation and/or reimbursement for this case? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO Other than from the court, have you, or to your knowledge has anyone else, received payment (compensation or anything or value) from any other source in connection with this representation? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements. Signature of Attorney: [Signature] Date: 10-20-11		

23. IN COURT COMP.	24. OUT OF COURT COMP.	25. TRAVEL EXPENSES	26. OTHER EXPENSES	27. TOTAL AMT. APPR / CERT
25	275	60		360.00
28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER			DATE 11/1/11	28a. JUDGE / MAG. JUDGE CODE
29. IN COURT COMP.	30. OUT OF COURT COMP.	31. TRAVEL EXPENSES	32. OTHER EXPENSES	33. TOTAL AMT. APPROVED
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount.			DATE	34a. JUDGE CODE

OK/KG 10-25-11